IAP20 Rec'd FCT/PTO 26 APR 2006

Application Data Sheet

Application Information

Application Type:: National Stage

Subject Matter:: Utility

Suggested Classification::

Suggested Group Art Unit::

CD-ROM or CD-R?:: None

Number of CD disks::

Number of Copies of CDs::

Sequence Submission?:: None

Computer Readable Form (CRF):: No

Number of copies of CRF:: 0

Title:: GLOW PLUG COMPRISING A PRESSURE

SENSOR AND MOTOR EQUIPPED

THEREWITH

Attorney Docket Number:: 0598-1007

Request for Early No

Publication?::

Request for Non-Publication?:: No

Suggested Drawing Figure::

Total Drawing Sheets:: 4

Small Entity?:: No

Latin Name::

Variety Denomination Name::

Petition Included?:: No

Petition Type::

Licensed US Gov't Agency::

Contract or Grant Numbers::

Secrecy Order in Parent No

Appl.?::

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: GERMANY

Status:: Full Capacity

Given Name:: BERND

Middle Name::

Family Name:: LAST

Name Suffix::

City of Residence:: TOURNEFEUILLE

State or Province of

Residence::

Country of Residence:: FRANCE

Street of Mailing 54, RUE DE BELBEZE

Address::

City of Mailing Address:: TOURNEFEUILLE

State or Province of Mailing Address::

Country of Mailing Address:: FRANCE

Postal or Zip Code of Mailing Address:: F-31170

Applicant Authority Type:: Inventor

Primary Citizenship Country:: FRANCE

Status:: Full Capacity

Given Name:: MICHEL

Middle Name::

Family Name:: BOUCARD

Name Suffix::

City of Residence:: TOURNEFEUILLE

State or Province of

Residence::

Country of Residence:: FRANCE

Street of Mailing 20, RUE DES BICHES

Address::

City of Mailing Address:: TOURNEFEUILLE

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State or Province of Mailing Address::

Country of Mailing Address:: FRANCE

Postal or Zip Code of Mailing Address:: F-31170

Applicant Authority Type:: Inventor

Primary Citizenship Country:: FRANCE

Status:: Full Capacity

Given Name:: CYRILLE

Middle Name::

Family Name:: PATRI

Name Suffix::

City of Residence:: TOULOUSE

State or Province of

Residence::

Country of Residence:: FRANCE

Street of Mailing 9, RUE FOURÉ LABROT

Address::

City of Mailing Address:: TOULOUSE

State or Province of Mailing Address::

Country of Mailing Address:: FRANCE

Postal or Zip Code of Mailing Address:: F-31100

Applicant Authority Type:: Inventor

Primary Citizenship Country:: FRANCE

Status:: Full Capacity

Given Name:: ALAIN

Middle Name::

Family Name:: RAMOND

Name Suffix::

City of Residence:: MERVILLE

State or Province of

Residence::

Country of Residence:: FRANCE

Street of Mailing 187, CHEMIN DE LA TUILERIE

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Initial 4/26/06

Address::	•	•		
City of Mailing	MERVILLE			
State or Provinc	e of Mailing Addr	ess::		
Country of Mailing Address::		FRANCE		
Postal or Zip Co	de of Mailing Add	ress:: F-31330		
Correspondence I	nformation			
Correspondence Customer		00466		
Number::				
Representative I	nformation			
Representative Customer		00466		
Number::				
Domestic Priorit	y Information			
Application::	Continuity	Parent		Parent Filin
	Type::	Application::		Date::
This application	National Stage o	age of PCT/EP2004/012016		10/25/04
Foreign Priority	Information			
Country::	Application	Filing Date::	Priority	
	Number::		Claimed::	
FRANCE	0312682	10/29/03	Yes	

Assignment Information

Assignee Name::

Street of Mailing

Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::